

PCA UPDATE

Postoperative Management of Weight Loss Surgery Patients

January, 2005

In June of 2003, the Medical Board's Patient Care Assessment (PCA) Committee issued an Advisory in response to concerns raised following a review of Major Incident Reports describing six patients who died within 30 days of gastric bypass surgery. The Advisory noted that gastric bypass surgery should be regarded as a major procedure performed on a high risk population and recommended that institutional policies and procedures governing this surgery reflect the appropriate appreciation of risks and complications attendant to these surgeries. The Advisory also recommended that mortality and morbidity rates in excess of appropriate benchmarks in gastric bypass surgery be the subject of careful review.

Between March 1, 2003 and October 31, 2004, 16 mortalities following weight loss surgery (WLS) were reported as Major Incidents to the Medical Board, pursuant to the PCA regulations, 243 CMR 3.08. A review of these reports indicates that sepsis and pulmonary emboli were contributing factors or the cause of death in 10 out of the 16 cases. Trends noted in the review of all 16 mortalities include: (1) knowledge based deficits evidenced by the failure of caregivers to recognize the early warning signs of serious postoperative complications and intervene in a timely manner; (2) absence of written guidelines that contain evidenced based recommendations for the appropriate workup and management of variances from expected postoperative WLS recovery; and (3) discharge instructions that do not identify conditions that require the postoperative WLS surgery patient to return for a medical consult.

The PCA Committee recommends that hospitals performing WLS develop clinical guidelines that will support the early recognition, workup and management of the complications associated with WLS, if they have not already done so. Guidelines should address the most common variances found in the postoperative WLS patient, such as fever, tachycardia, hypoxia, and hypotension. The guidelines should also take into account the obesity-related comorbid conditions that often make recognition of postoperative complications difficult. In addition, the PCA Committee recommends that discharge planning for the postoperative WLS patient include, along with written instructions, a discussion of symptoms that require medical consultation.

In August 2004, the Betsy Lehman Center for Patient Safety and Medical Error Reduction released the recommendations of its Expert Panel on Weight Loss Surgery. These evidence-based recommendations are aimed at ensuring maximal outcome and recovery for all patients undergoing WLS. The Medical Board, at its meeting on August 18, 2004, directed the PCA Committee to monitor and oversee the implementation of these recommendations, or comparable patient protection policies and practices, by hospitals that perform these procedures. All hospitals will soon receive a WLS survey from the PCA Committee and the Lehman Center requesting information on the current status of their WLS programs. The information obtained from this survey will be aggregated and analyzed to identify areas where the PCA Committee and the Lehman Center can assist hospitals with the implementation of the WLS guidelines.

Please share this Update with your PCA Committee, Chief Medical Officer, Departments of Surgery and Nursing, and any other individuals, services or committees responsible for your facility's WLS program.

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